



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

Canc: Jun 2006
IN REPLY REFER TO
BUMEDNOTE 1524
NMETC-OGMC
27 Jun 2005

BUMED NOTICE 1524

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: 2005 GRADUATE MEDICAL EDUCATION SELECTION BOARD (GMESB)
APPLICATION AND GUIDANCE FOR GME-2+ (RESIDENCY AND
FELLOWSHIP) AND NONCLINICAL POSTGRADUATE EDUCATION

Ref: (a) BUMEDINST 1524.1B
(b) SECNAVINST 1520.11
(c) SECNAVINST 7220.75C
(d) DOD Instruction 6000.13 of 30 Jun 97

Encl: (1) 2005 GMESB GME-2+ Full-Time Inservice (FTIS) Projected Selection Goals
for Academic Year 2006
(2) 2005 GMESB Full-Time Outservice (FTOS) and Other Federal Institution
(OFI) Projected Specialty Selection and Preselection Goals
(3) Department of Defense Application for Graduate Medical Education (GME)
(4) 2005 Navy Supplement to DOD Application for GME
(5) Curriculum Vitae Format for DOD GME Application
(6) Summary of Active Duty Obligation (ADO) for GME

1. Purpose. To announce application procedures for academic year (AY) 2006 Navy-sponsored GME-2+ Graduate Medical Education (GME) Programs per references (a) and (b), and for nonclinical postgraduate education for Medical Corps officers.

2. Important Dates

1 Jul 2005	Web application activated
16 Sep 2005	Deadline to submit Web application
14 Oct 2005	Deadline for application changes and supporting documents
28 Nov 2005	GMESB Convenes
14 Dec 2005	GMESB Results Release
9 Jan 2006	Deadline for acceptance of training

3. Background. Applications are submitted over the Internet and are due by 16 September 2005. Selections for AY 2006 GME programs will be made at the 2005 GMESB, convening in Alexandria, VA, from Monday, 28 November through Friday, 2 December 2005. Application processing and GMESB planning are managed by the Naval Medical Education and Training

Command (NMETC). Information used for scoring is limited to the information contained in the application and supporting documents. Incomplete records will be scored on the information contained in the record.

a. Army, Navy, Air Force, Uniformed Services University of the Health Sciences (USUHS), and DOD GME representatives will meet at the thirteenth annual Joint Service Graduate Medical Education Selection Board (JSGMESB). The Navy will host the 2005 JSGMESB and each service will simultaneously convene selection boards to jointly score and select applicants and ensure full use of GME positions across all three services.

b. The Flight Surgery (FS) and Undersea Medicine (UM) selection committees are an integral part of the annual GMESB, but a separate BUMED Notice 1520 provides application guidelines for FS and UM officer training. Questions pertaining to the FS program application and application process should be directed to CAPT Terry Puckett, MC, USN at (202) 762-3453 or DSN 762-3453. Questions pertaining to the UM application and application process should be directed to CAPT Larry Garsha, MC, USN at (202) 762-3444/3449, or DSN 762-3444/3449.

c. National Capital Consortium (NCC) GME programs with designated Navy training positions are considered FTIS Programs. See the NCC column on enclosure (1). NCC GME programs without designated Navy training positions are considered Other Federal Institution (OFI) programs.

4. GMESB Selection Process

a. Selection Board. The GMESB is an administrative board governed by a formal precept issued and approved annually by the Chief, BUMED. The precept appoints the GMESB President (a Medical Corps flag officer) and voting members comprised of senior Medical Corps officers assigned to medical treatment facilities, operational or overseas units, and representing the operational medicine, primary care, academic, and research communities.

b. Precept. The precept provides guidance for selecting Navy GME applicants, establishes the number of medical officers to be selected, delineates the specialties and programs for which applicants may be selected, and establishes the number of selections allowed for each specialty in FTIS, FTOS, OFI, and Navy Active Duty Delay for Specialists (NADDS) training pathways.

c. Specialty Committees and Panels. Joint Service Selection Panels comprised of program directors, specialty leaders, and consultants in designated specialties from all three military medical department services, will meet to review records and score applications. Each application is scored by one individual from each service. The Navy specialty committees composed of Navy GME program directors and Medical Corps specialty leaders recommend the selection and placement of Navy applicants.

d. Scoring. Points are awarded for preclinical and clinical medical school academic achievement, internship, and residency performance, operational and utilization tour

performance, and the potential for a successful practice as a medical specialist and career naval officer. Three scores are combined to create a composite score. Bonus points are awarded for research and for military service completed before entering medical school. The final scores are used to generate order of merit lists by specialty for the services to use for selection and placement. Information used for scoring is limited to the information contained in the application and supporting documents. Incomplete records will be scored on the information contained in the record.

e. Nonclinical Training. A Navy committee chaired by the Deputy of the Chief, Navy Medical Corps will consider applications from Medical Corps members for other formal nonclinical post-graduate education such as the Joint Commission on Accreditation of Healthcare Organizations Fellowship, the Baylor University Healthcare Administration Master's Degree program, Centers for Disease Control and Prevention Epidemic Intelligence Service postgraduate program and similar programs. A personal statement following paragraph 7a(11) is mandatory for these applicants.

f. Selection and Placement. The Navy specialty committees make recommendations for selection to specific programs, but the Navy GMESB President retains final authority for designating each Navy applicant as either a primary select, alternate, or nonselect. The results of the Navy GMESB are reviewed and approved by the Chief, BUMED before release. Applicants requesting FTOS training may be considered for OFI programs if these programs meet the needs of the Navy. Applicants designated as alternates for FTIS programs may also be considered for OFI programs.

5. Program Availability. BUMED projections of Navy Medical Corps future manpower requirements govern GME program and position availability. Enclosures (1) and (2) list projected specialty training needs for FTIS, FTOS, OFI, and NADDS programs. Deferments are available to officers on active duty with remaining obligated service or who are willing to assume an obligation, per reference (b), and to Health Professions Scholarship Program (HPSP) graduates for specified specialties. The precept for the 2005 GMESB will contain the official delineation of GMESB selection goals.

a. PCS Cost Considerations for 2005 Applicants. Due to budgetary constraints and the increasing cost of PCS moves, consideration will be given to matching GME selectees with the closest available GME training sites. Both GME program integrity and overall PCS cost limitations will be considered but cross-country moves will receive extra scrutiny by the board to ensure finite training resources are optimally utilized. The Board will continue to make every effort to honor the requests of operational applicants who desire to complete training at the same site where they performed their categorical internship. FTOS selectees will be expected to make every effort to match with a GME program near their current duty station.

b. Applications for continuation of deferment for additional training from current 1-year delay participants are generally not approved. A limited number of continued deferments may be available for applicants currently in this program, but only in critically undermanned specialties, designated by BUMED, for which there is no FTIS program or the number of FTIS, FTOS, and OFI positions is insufficient to meet projected manning requirements.

c. There will be no preselection for FTIS programs unless specifically authorized by BUMED. Certain civilian and OFI GME fellowships and a limited number of residency programs require a 12- to 24-month lead-time for applicants to interview and compete in national matching programs. Applicants for these programs may apply to this board for FTOS, OFI, or NADDS programs beginning in AY 2007/08.

d. Applicants to the residency in aerospace medicine (RAM) are subject to aeromedical standards and anthropometric compatibility criteria for duty involving flying as flight surgeons, and remain so throughout training and assignment as aerospace medicine specialists. All RAM applicants must submit a current NAVMED 6410/2 Clearance Notice (Aeromedical) with their GME application. Those applicants who are not already designated flight surgeons can expect flight surgeon training in addition to, or incorporated into, their training as aerospace medicine residents, and are thus subject to aeromedical standards and anthropometric compatibility criteria for duty involving actual control of aircraft as student flight surgeons, and remain so until they are designated as flight surgeons. Such applicants must undergo a complete aviation medical examination and anthropometric evaluation, and submit results to the Naval Aerospace Medical Institute and to the Naval Aviation Schools Command, respectively, following the procedures specified in the annual BUMEDNOTE 1520, Guidance for Student Flight Surgeon and Student Undersea Medical Officer Training Applications. However, they are not required to submit a separate application for flight surgeon training.

e. Applications for a second clinical residency will continue to be closely scrutinized by both Navy Specialty Committees and the Navy GMESB members to determine if the needs of the Navy can best be served by encumbering training billets for individuals to train in a second specialty.

f. Applicants preselected for a GME program by a previous GMESB will be required to decline that preselection if they apply for a different program at the 2005 GMESB.

g. General information about Navy GME programs is included on the Navy GME Web site. Detailed information regarding GME programs can be obtained from individual program directors or specialty leaders. Telephone numbers and e-mail addresses are available from the NMETC Navy GME Office or by accessing the Web sites specified in paragraph 16.

6. Application Submission. Navy applicants should access the web site at: www-nshs.med.navy.mil/gmeapplication/default.asp by 16 September 2005 to complete and submit the 2005 GME application. This site will be accessible 1 July 2005 and requires Netscape or Internet Explorer 3.0 or better. Applicants can find answers to their questions in the guidance on the Web site. Applicants must submit all required hard copy supporting documents listed in paragraph 7a to arrive at NMETC, Bethesda by 16 September 2005.

a. Hard Copy Applications

(1) Applicants who are unable to access the above Web site to submit their applications electronically must submit paper copies of their applications (enclosures (3) and (4)) with all supporting documents. Those who submit electronically should not submit a hard copy application. If a hard copy is received in addition to an electronic version, data contained in the electronic version will take precedence over information submitted on the paper copy. See paragraph 9b regarding modifications to applications.

(2) Duplication of data requested on the hard copy version of the DOD application and the Navy supplement is necessary to accommodate the entry of data in both the Joint Service applicant database and the Navy GMESB database. This will be transparent to users of the Web version.

b. Forwarding Applications. Commands must formally endorse applications (see paragraph 7a(6) and forward the endorsements in a timely manner. Applicants should print a copy of their electronic applications for submission through their chain of command, and the command should retain the hard copy application when the endorsement is forwarded to NMETC. Teaching hospitals should not hold the endorsements or supporting documents for bulk mailing immediately before the deadline. This causes unacceptable application processing backlogs and does not allow the Navy GME Office sufficient time to notify applicants to forward missing documents.

c. Current Contact Data. The applicant is responsible for advising the Navy GME Program Office of any changes to command or home addresses, telephone numbers, or e-mail addresses after an application has been submitted. Send an e-mail message to the Navy GME Applications and Placement Manager, Mr. Joe Pelot at: jhpelot@nmetc.med.navy.mil or call (301) 319-4514 or DSN 285-4514.

d. Application Copies. Each applicant and his or her command should retain a copy (printed from the Web submission) of the completed GME application and all supporting documents they submit. Letters of recommendation are considered confidential, and medical school deans' letters are normally accompanied by a signed waiver of the individual's right to see them. The Navy GME Office will not provide copies of these documents to applicants or third parties, including civilian or military GME officials. Recommendations received directly from reporting seniors, medical schools, and individuals are considered confidential and will not be provided to applicants.

e. Specialties and Programs Requested

(1) Applications will be considered for the FTIS programs in enclosure (1) and for specialty and subspecialty areas in enclosure (2). Applicants will not be considered for more than two clinical specialties.

(2) Although all DOD GME training sites are listed in block 23 of the DOD application, each service will consider its requirements in selection and placement decisions. Filling available Navy inservice training positions will take precedence over selections that would fill positions in other service programs.

7. Application Content

a. Each GME application must include the following supporting documents:

(1) Current curriculum vitae in the format shown in enclosure (5) and available at the Web application site.

(2) Copy of medical licensing examination scores, (USMLE, COMLEX, FLEX, NBME, or NBOME, Steps or Levels 1, 2, and 3).

(3) Copy of the applicant's unrestricted medical license including the expiration date (not required for current interns).

(4) Medical school dean's letter.

(5) Medical school transcript with date MD or DO was conferred.

(6) Command Endorsement. The primary function of the command endorsement is to ensure that the command is aware and supportive of the applicant's request for GME. If the applicant's commanding officer is not a Medical Corps officer, one letter of recommendation must be from a senior physician in the applicant's chain of command.

(7) A letter of recommendation from the applicant's GME program director if currently an intern. All applicants who completed internships at Navy teaching hospitals in 1996 or later, must include an Internship End of Training Evaluation (IETE) form as a supporting document. This document will fulfill the GME-1 letter requirement and is available from the GME Office at the Navy training site.

(8) A Program Director Recommendation Form (PDRF) or a letter of recommendation from the GME-2+ program director if currently in a residency or applying for fellowship training. For those who have applied to prior GMESBs while in internship or residency, previous letters of recommendation reflecting only partial completion of GME-1 or GME-2+ training are not acceptable (see paragraph 15b).

(9) Up to two additional letters of recommendation (optional).

(10) Copies of applicant's five most recent fitness reports. Individuals with insufficient active duty to have received five fitness reports should include a statement to that effect in the personal statement and forward all available reports.

(11) Applicants for nonclinical postgraduate education must submit a personal statement describing their background and qualifications, specific motivation for the training, and how the training will benefit the Navy.

b. Forward all supporting documents to:

Naval Medical Education and Training Command
ATTN: Navy GME Office (Code 0G11)
Building 1, Tower 15, Room 15145
8901 Wisconsin Avenue
Bethesda, MD 20889-5611

c. Complete, Current Supporting Documents. Applicants are responsible for ensuring final medical school transcripts and deans' letters are on file at the Navy GME Office or included with their applications. These documents will normally be on file at the Navy GME Office only if the applicant submitted a complete application for residency or fellowship training within the past 5 years. Medical school transcripts and deans' letters previously provided when initially applying for GME-1 (internship) are often incomplete. Therefore, applicants must provide a copy of their graduate level transcripts showing MD or DO date of conferral. Current interns must submit final copies of these documents with their 2005 GMESB applications and must request copies of medical school transcripts and deans' letters directly from their medical schools. Upon submission of an application to the NMETC GME Office, an immediate response via e-mail will be sent advising the applicant of the contents of his or her training file (i.e., Dean's letter, transcripts, board scores, etc.) and of what documents are needed to complete the application process. E-mail contact will be limited to this initial comprehensive response to the applicant. Applicants must verify receipt of documents via the on-line application system and refrain from calling for this purpose. The NMETC GME Office will not send separate acknowledgements for each supporting document received. If there are any record or document discrepancies, the NMETC GME Office will contact the applicant.

8. Applicant Communication with Program. Applicants are required to initiate a personal contact with the program director of their desired program(s). If a personal interview is not possible before the GMESB due to deployment or other factors, a telephone interview should be arranged. If neither type of interview is possible, the applicant should send written correspondence or an e-mail message stating the intent to apply for and interest in the program. Applicants for subspecialties must also communicate with the appropriate specialty leader in addition to the program director. These contacts are essential to ensure two-way communication about specific program and applicant expectations. A lack of direct contact will severely degrade the strength of the application and be viewed unfavorably by specialty committee members.

9. Application Deadline. The application must be submitted electronically by the close of business on 16 September 2005, after which the application Web site will be disabled. All content in paragraph 7 should arrive at NMETC by that date. If it is absolutely necessary to forward any supporting documents separately, the Navy GME Office must receive them by 14 October 2005. Documents received after this date may not be filed with the application and may not be available for review by the specialty committee members.

a. Applications received after 16 September 2005 will not be processed for consideration by the 2005 GMESB.

b. Any modification (i.e., change in training location, type, program, specialty, application withdrawal, etc.) to an application must be received via e-mail to: jhpeolot@nmetc.med.navy.mil in the Navy GME Office by 14 October 2005.

10. Civilian and Inactive Duty Medical Officer Applicants. Civilian physicians and inactive duty medical officer applicants for Navy GME training must meet all requirements for initial appointment or recall to active duty in the Medical Corps of the United States Navy. Civilian and inactive duty applicants must submit the GME application with supporting documents to the Navy GME Office for consideration at the GMESB. If selected, assignment to GME training is contingent upon successful recall to active duty or initial appointment in the Navy. Although former HPSP graduates who are currently NADDS and 1-year delays are inactive officers, they do not need to apply for recall because their recall is automatic upon completion of GME. Given the scoring guidance outlined in paragraph 4d, current active duty medical officers have a distinct advantage. It is unlikely a civilian or inactive reservist will be selected if the number of qualified active duty applicants exceeds the number of positions available.

11. Application Processing. Applicants should check the status of their applications and supporting documents via the Web site noted in paragraph 6. Incomplete applications will be forwarded to specialty committees for consideration, but may result in diminished GME selection opportunity. Before the GMESB convenes NAVPERSCOM determines GME assignment compatibility and ensures applicants meet all requirements for promotion and transfer (including compliance with physical readiness and body fat standards and completion of any Navy or DOD tour-length requirements). It is NAVPERSCOM's Navy-wide policy that officers who have failed to select for promotion to the next higher grade cannot be made available for assignment to full-time duty under instruction, including GME.

12. Selection Notification. Selection results for the 2005 GMESB will be available and released on or about 14 December 2005. The names of all Navy GME, FS, and UM applicants designated as either a primary selectee or alternate will be available on the NMETC GME Office Web site at paragraph 16a.

13. Alternates. Applicants designated as alternates are placed in a pool maintained by the Navy GME Office and used on a case-by-case basis to fill vacancies caused by primary selectee declinations or to fill training requirements to meet the needs of the Navy. If a primary selectee cannot attend training, an alternate is identified by the Navy GME Office. NAVPERSCOM-4415 will determine the designated alternate's assignability, authorize his or her release for assignment to training, and notify the Navy GME Office before a training position can be offered to an alternate.

14. Applicant Decision to Accept or Decline Training. Applicants selected for GME must ensure the Navy GME Office and their command are notified by 9 January 2006 of their decision to accept or decline the training for which they have been selected. Applicants selected for FS must notify CAPT Terry Puckett, MC, USN at (202) 762-3453 or DSN 762-3453 by 9 January 2006 of their decision to accept or decline FS training for which they have been selected. Those

selected for UM must notify CAPT Larry Garsha, MC, USN at (202) 762-3444/3449, or DSN 762-3444/3449 by 9 January 2006 of their decision to accept or decline the undersea or diving medicine training for which they have been selected.

a. Specific procedures for selectee responses will be included with the results of the 2005 GMESB. Individuals selected for more than one training program (GME, FS, or UM) may accept only one program. Acceptance of either the FS or UM program will normally result in forfeiture of designation as an alternate for a GME program. Failure to notify the Navy GME Office by the required deadline may result in the loss of the training opportunity.

b. FTIS and OFI selectees with less than 1 year of obligated service remaining at the time they would commence training will execute a 2-year extension of active duty by accepting their GME positions. This extension will be applied concurrently with the obligation for training. Enclosure (6) provides guidance on GME obligation.

15. Application Guidance. Selection for GME training is competitive. The following information is provided to assist in improving GME selection opportunity:

a. Document Content. Each applicant should ensure all achievement, both academic and professional (board scores, internship, previous residency, and postinternship), is documented in the GME application.

b. IETE, PDRF, and Letters of Recommendation. These forms and letters reflect professional accomplishments and provide vital information related to an applicant's performance as a physician and a naval officer. Applicants who completed Navy residencies at Navy teaching hospitals may have program directors complete a PDRF or submit their letter of recommendation as a supporting document to their GME application. The IETE and PDRF forms are on the GME Office Web site. Unless otherwise requested, the first two optional letters of recommendation received will be the ones filed in the application.

c. Training Site Requests. Applicants for training which is offered at multiple Navy sites may express preferences, but will be considered for all sites. Potential cross-country moves are closely monitored. An applicant's refusal to consider training at one or more sites may be considered a negative factor in evaluating the applicant's potential for successful practice as a specialist and career officer.

d. FTOS, OFI, and NADDS Requests. 2005 HPSP graduates and Navy applicants desiring deferment, continued deferment, extension of current program length, or Navy sponsorship in FTOS and OFI must first apply to the GMESB. Applicants may have preliminary discussions, but are not authorized to commit to a civilian or OFI program director, or otherwise pursue formal acceptance by the training institution before designated a primary selectee and a specific program is confirmed by the NMETC GME Office. Active duty medical officers cannot accept an offer to train in a civilian program without prior formal Navy authorization and will not be issued orders by NAVPERSCOM without the prior approval of the NMETC Director for GME. Applicants should be clear on the distinction between the NADDS program in which an officer is released from active duty and receives no Navy pay and allowances while completing civilian training and

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the FTOS program where the officer continues on active duty while completing training in a civilian institution and continues to receive full Navy pay and allowances. Applicants for OFI programs (National Institutes of Health or Armed Forces Institute of Pathology, etc.) must first be selected by the Navy GMESB and then approved by the institution before a specific program location can be confirmed by the NMETC GME Office.

e. Special Pay and Obligated Service. Reference (c) contains policy governing special pays for Medical Corps officers. Paragraph 9a(1) of reference (c) is germane to Medical Corps officers beginning initial residency (GME-2+) training. Reference (d) addresses obligated service for GME training and enclosure (6) provides basic information about service obligation for each type of GME. For additional information, e-mail: Lieutenant Michael Grande at michael.grande@navy.mil or call (901) 874-4048 or DSN 822-4048. For questions regarding Special Pay, contact the Medical Department Special Pays Program Manager at: (202) 762-3357 or DSN 762-3357.

16. Additional Information. If you have questions after thoroughly reading this notice:

- a. Access the Navy GME Office Web site at: www-nshs.med.navy.mil/gme/mcpp.htm.
- b. Access the Navy GME Office site on the Navy Knowledge Online via "Communities of Practice, Medical, Graduate Medical Education".
- c. Send an e-mail message to the Navy GME Applications and Placement Manager, Mr. Joe Pelot at: jhpelot@nmetc.med.navy.mil or call (301) 319-4514 or DSN 285-4514.

17. Forms

- a. NAVMED 1520/12 (Rev. 5-2005), Navy Supplement to DOD Application for Graduate Medical Education (Residency/Fellowship) 2005 Graduate Medical Education Selection Board for Academic Year 2005 and Demographic Information Request is available at enclosure (4) and on the Navy Medicine Web site at the Forms tab: <http://navymedicine.med.navy.mil/default.cfm?selTab=Directives>.
- b. NAVMED 6410/2 (Rev. 5-90), Clearance Notice (Aeromedical) is available on the Naval Medicine Web site at the Forms tab: <http://navymedicine.med.navy.mil/default.cfm?selTab=Directives>.

18. This notice may be reproduced locally and should be provided in its entirety to individuals requesting GME applications.



C. S. HUNTER
Acting Chief, Bureau of
Medicine and Surgery

Distribution is electronic only via the Navy Medicine Directives Web site at:
<http://navymedicine.med.navy.mil/default.cfm?selTab=directives>

**2005 GMESB GME-2+ FULL-TIME INSERVICE (FTIS) PROJECTED SELECTION
GOALS FOR ACADEMIC YEAR 2006**

RESIDENCY PROGRAMS

Program	Length	NNMC (NCC)	NMC Portsmouth	NMC San Diego
Aerospace Medicine	2 Yrs	NAMI, Pensacola FL – 4		
Anesthesiology	3 Yrs	6	6	6
Dermatology	3 Yrs	3		3
Emergency Medicine	3 Yrs		8	8
Family Medicine	2 Yrs	NH Bremerton, WA - 6 NH Camp Lejeune, NC - 6 NH Camp Pendleton, CA - 12 NH Jacksonville, FL - 12 NH Pensacola, FL – 7		
Internal Medicine	2 Yrs	10	11	13
Neurology	3 Yrs	2		
Neurosurgery	6 Yrs	1		
Obstetrics and Gynecology	3 Yrs	3	5	5
Ophthalmology	3 Yrs			2
Orthopedic Surgery	4 Yrs	3	3	5
Otolaryngology	4-5Yrs	1	2	2
Pathology	4 Yrs	2		3
Pediatrics	2 Yrs	2	5	5
Psychiatry	3 Yrs	3	4	4
Radiology	4 Yrs	5	5	8
Surgery – General	4 Yrs	3	2	4
Urology	5 Yrs			1

FELLOWSHIP PROGRAMS

Program	Length	NNMC (NCC)	NMC Portsmouth	NMC San Diego
Anesthesia-Pain Management	1 Yr		1	
IM – Cardiology	3 Yrs	2		2
IM – Endocrinology	2 Yrs	-		
IM – Gastroenterology	3 Yrs	2		2
IM - Hematology/Oncology	3 Yrs	1		
IM - Infectious Disease	2 Yrs	2		2
IM - Pulmonary Med/Crit Care	3 Yrs	2		2
Radiology – Imaging	1 Yr	1		1
Sports Medicine	1 Yr	NH Camp Pendleton - 2		

**2005 GMESB FULL-TIME OUTSERVICE (FTOS) AND OTHER FEDERAL INSTITUTION (OFI)
PROJECTED SPECIALTY SELECTION AND PRESELECTION GOALS**

RESIDENCIES	AY2006	AY2007	AY2008
Occupational Medicine	2	-	-
Preventive Medicine	6	-	-
Surgery: Plastic and Reconstructive	-	1*	1*
Urology	2	-	-

FELLOWSHIPS	AY2006	AY2007	AY2008
Anesthesiology Subspecialties (Critical Care, Pain Management, Pediatric)	3	1	1
Cardiology Subspecialties (Interventional)	1	-	-
Dermatology Subspecialties (Dermatopathology, Mohs)	1	-	-
Emergency Medicine Subspecialties (Toxicology, EMS)	1	1	-
Family Medicine Subspecialties (Faculty Development, Geriatrics, Operative OB)	3	-	-
Internal Medicine Subspecialties (Heme-Onc, Allergy, Gastroenterology)	6	1	-
Neurology Subspecialties (Neurophysiology, Sleep, Neuro CC)	2	-	-
Obstetrics/Gynecology Subspecialties (Maternal-Fetal Med., Gyn Onc, UroGyn)	-	3	-
Orthopedic Subspecialties (Joint Reconstructive, Trauma, Oncology, Spine)	1	4	3
Otolaryngology Subspecialties (Neuro-Otology, Pediatric, Plastic)	-	2	2
Pathology Subspecialties (Cytopath, Forensic, Heme/Path)	2	-	-
Pediatric Subspecialties (Neonatology)	-	-	-
Psychiatry Subspecialties (Forensic, Child)	2	-	-
Radiology Subspecialties (Imaging, Interventional)	2	1	1
Surgery Subspecialties (Trauma/Crit. Care, Laparoscopic/Endoscopic, Colorectal)	2	5	3
Surgery - Cardiothoracic	1	1	-
Surgery - Plastic & Reconstructive	-	1*	1*
Urology Subspecialties (Oncology)	-	2	-

* 1 selection per academic year either resident or fellow, not both.

Those fellowship subspecialties enclosed in parenthesis have been identified as the community's greatest need. Applications for these subspecialties will have a greater likelihood of selection. Selections may occur in some non-listed subspecialties.

Requests for deferred training (NADDS) will be considered in all specialties and subspecialties. Applicants are encouraged to consider listing deferred training as an option if the applicant is willing to be released from active duty to complete specialty/subspecialty training before returning to complete obligated service. Willingness to accept deferred training will increase an applicant's likelihood of selection.

THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974				
1. AUTHORITY: 10 USC 3012.				
2. PRINCIPAL PURPOSE(S): To compile information necessary to evaluate an application for military graduate medical education (GME) training.				
3. ROUTINE USES: To evaluate application for professional training in military and civilian facilities (Medical Corps officers only) .				
4. MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure of requested information is voluntary, however, without it, consideration for GME cannot be accomplished and GME may not be assured.				
1. NAME (Last, First, MI)		2. GRADE	3. SSN	4. CURRENT SPECIALTY
				<input type="checkbox"/> Air Force
				<input type="checkbox"/> Army
				<input type="checkbox"/> Navy
6. HOME ADDRESS (ZIP+4)		7. HOME PHONE	8. COMPLETE DUTY ADDRESS	9. DUTY PHONE
		(with Area Code)		CML:
				DSN:
				PGR:
				FAX:
10. E-MAIL:				
11. CURRENT STATUS			12. SPECIALTY OR SUBSPECIALTY REQUESTED	
<input type="checkbox"/> MEDICAL STUDENT (<input type="checkbox"/> HPSP <input type="checkbox"/> USUHS <input type="checkbox"/> ROTC)			Choice:	
<input type="checkbox"/> ACTIVE DUTY PGY1 (INTERN)				
<input type="checkbox"/> ACTIVE DUTY RESIDENT				
<input type="checkbox"/> ACTIVE DUTY FELLOW				
<input type="checkbox"/> ACTIVE DUTY FIELD/OPERATIONAL/STAFF				
<input type="checkbox"/> DEFERRED/REDEF/FAP (Until _____ Month/Year)			13. START DATE REQUESTED	14. PROGRAM LENGTH () YEAR (S)
<input type="checkbox"/> OTHER (Specify)				
15. TRAINING				
a. Undergraduate School		COMPLETION OR GRAD YEAR		
Major				
Approximate GPA		Honors		
b. Medical School Name		COMPLETION OR GRAD YEAR		
Approximate GPA		Class Ranking _____ of _____ School Does Not Rank _____		
Academic Honors				
c. PGY1/Specialty		Location		COMPL OR GRAD YEAR
d. Residency/Specialty		Location		COMPL OR GRAD YEAR
e. Fellowship/Specialty		Location		COMPL OR GRAD YEAR
16. LIST OF PGY1 ROTATIONS AND TIME SPENT IN EACH: (Fill out only if you are applying for a residency and did not complete a categorical PGY1 in that specialty. Not to be completed if applying for a fellowship.)				
17. SPECIALTY BOARD CERTIFICATION <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, indicate specialty:				
18. MEDICAL LICENSING EXAMINATIONS (Copy of Steps/Levels 1-3 must be submitted with this application)				
	Check One		Circle One	
Step/Level 1	<input type="checkbox"/> Passed <input type="checkbox"/> Failed Year taken _____ <input type="checkbox"/> Not Taken		FLEX NBME/USMLE NBOME/COMLEX	
Step/Level 2	<input type="checkbox"/> Passed <input type="checkbox"/> Failed Year taken _____ <input type="checkbox"/> Not Taken			
Step/Level 3	<input type="checkbox"/> Passed <input type="checkbox"/> Failed Year taken _____ <input type="checkbox"/> Not Taken			
19. ECFMG (If applicable) Certificate #			Date	

Enclosure (3)

NAME (Last, First, MI)		SSN	
20. POST-PGY1 EXPERIENCE (Last three (3) assignments)			
Duty Station	Duty Title	Dates	
21. Participation in Federally Funded Programs (check all that apply): <input type="checkbox"/> HPSP <input type="checkbox"/> ROTC <input type="checkbox"/> USUHS <input type="checkbox"/> FAP <input type="checkbox"/> Military Academy <input type="checkbox"/> Direct Accession			
22. I possess a current, valid and unrestricted medical license <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, you must submit a copy of license including the expiration date with this application.)			
23. TRAINING PREFERENCES			
Rank order 1, 2, 3, etc.			
AIR FORCE		ARMY	
David Grant Medical Center, Travis AFB, CA		Eisenhower Army Medical Center, Fort Gordon, GA	
Eglin Regional Hospital, Eglin AFB, FL		Madigan Army Medical Center, Tacoma, WA	
Ehrling Bergquist Hospital, Offutt AFB/University of Nebraska, NE		NCC-Walter Reed Army Medical Center, Washington, DC/ Dewitt Army Community Hospital, Fort Belvoir, VA/ National Naval Medical Center, Bethesda, MD/ Malcolm Grow Medical Center, Andrews AFB, MD/USUHS	
Keesler Medical Center, Keesler AFB, MS		SAUSHEC-Brooke Army Medical Center, Fort Sam Houston, TX/Wilford Hall Medical Center, Lackland AFB, TX / University of Texas, San Antonio, TX	
NCC-Malcolm Grow Medical Center , Andrews AFB, MD/National Naval Medical Center, Bethesda, MD/Walter Reed Army Medical Center, Washington, DC/ Dewitt Army Community Hospital, Fort Belvoir, VA/USUHS			
SAUSHEC-Wilford Hall AFB, TX/Brooke Army Medical Center, Fort Sam Houston, TX			
SAUSHEC-Wilford Hall Medical Center, Lackland AFB, TX/Brooke Army Medical Center, Fort Sam Houston, TX/University of Texas, San Antonio, TX			
Scott Medical Center, Scott AFB/St. Louis University, IL		Tripler Army Medical Center, Honolulu, HI	
Wright-Patterson Medical Center, Wright Patterson AFB/Wright State Univ, OH		William Beaumont Army Medical Center, El Paso, TX	
USAFSAM, (RAM/HYPERBARIC ONLY) Brooks AFB, TX		Womack Army Medical Center, Fort Bragg, NC	
Civilian Sponsored		Darnall Army Community Hospital, Fort Hood, TX	
Civilian Deferred/Redeferred (Nonfunded)		Martin Army Community Hospital, Fort Benning, GA	
NAVY		Keller Army Community Hospital, West Point, NY	
Naval Medical Center, Portsmouth, VA		Civilian Sponsored	
Naval Medical Center, San Diego, CA		Civilian Deferred (NGMEP)	
Naval Hospital, Bremerton, WA		OTHER	
Naval Hospital, Camp Lejeune, NC		Uniformed Services University of the Health Sciences (Non-Clinical)	
Naval Hospital, Camp Pendleton, CA			
Naval Hospital, Jacksonville, FL		Armed Forces Institute of Pathology	
Naval Hospital, Pensacola, FL		Walter Reed Army Institute of Research	
Naval Aerospace Medical Institute, Pensacola, FL		Other Federal (indicate Institution)	
NCC-National Naval Medical Center, Bethesda, MD/Walter Reed Army Medical Center, Washington, DC/ Dewitt Army Community Hospital, Fort Belvoir, VA Malcolm Grow Medical Center, Andrews AFB, MD/USUHS			
Civilian Navy Sponsored (FTOS)			
Civilian Deferred (NADDS)			
24. I understand that the GME training received is directed toward board certification. I am familiar with the training requirements for board certification in the specialty for which I have applied. It is understood that I must enter a program that is accredited and listed in good standing in the most current Graduate Medical Education Directory published by the American Medical Association or if applicable (generally PGY1 level of GME) by the most current Yearbook and Directory published by the American Osteopathic Association. I understand that I must also meet the requirements to sit for the certification examination by the respective specialty board which is recognized by the American Board of Medical Specialties. For those subspecialties, which do not lead to board certification nor accreditation status, training must be received in a program approved by the appropriate specialty society. I understand that my service obligation following schooling will be computed in accordance with applicable Service regulation and DOD Directives and that I will be made aware of my exact obligation prior to entering GME training. I acknowledge that I understand the contents of this application and I affirm that the information given in this application is true and complete to the best of my knowledge. I am aware that I must submit all supporting documents required by the military Service for which I am assigned for this application to be complete.			
APPLICANT SIGNATURE :		DATE:	

APPLICATION DATE (MM/DD/YY): ____/____/____

**NAVY SUPPLEMENT TO DOD APPLICATION FOR GRADUATE MEDICAL EDUCATION (RESIDENCY/FELLOWSHIP)
2005 GRADUATE MEDICAL EDUCATION SELECTION BOARD FOR ACADEMIC YEAR 2006**

NAME _____
LAST FIRST MI GRADE SSN

STATUS 1 2 3 4 5 6 7
(Circle) USN USNR USNR-R USA USAF PHS CIV OTHER: _____
(Active) (Inactive) (Specify)

SPECIALTY/SUBSPECIALTY REQUESTED: _____ **EAOS:** _____

TYPE OF TRAINING AND TRAINING START DATE REQUESTED: (Check as appropriate)

_____ Residency/Fellowship Training for AY 2005: _____/_____
AND/OR YY MM
_____ Preselection for Residency/Fellowship Training
in **FTOS/OFI** or **Deferment** Programs in AY 2006/2007: _____/_____
YY MM

My previous training: (Check) _____ PGY-1/R-1 (Internship) _____ PGY-2+ (Residency)
Qualifies me to begin: (Check) _____ Residency (R) _____ Fellowship (F)
Training at Year level: (Check) _____ R1 (My internship does not qualify
me to begin residency at R-2 level)

NMETC USE ONLY:

_____ R2
_____ F1
_____ Other: _____

CURRENT TRAINING STATUS: 1-Student 2-Intern 3-Intern with Prior Service
(Circle one) 4-Resident 5-Fellow 6-Not in training

CURRENT ASSIGNMENT: (Circle one)

- | | |
|------------------------------------|--|
| 1. GMO - USMC | 9. Trainee - BUMED Activity |
| 2. GMO - Surface | 10. a. Trainee - OFI |
| 3. GMO - BUMED Activity | b. Trainee - FTOS |
| 4. Flight Surgeon - Operational | 11. a. Trainee - 1-Year Delay (USNR-R) |
| 5. Flight Surgeon - USMC | b. Trainee - NADDS (USNR-R) |
| 6. Flight Surgeon - BUMED Activity | 12. Civilian |
| 7. Undersea - Operational | 13. Staff Specialist - Operational |
| 8. Undersea - BUMED Activity | 14. Staff Specialist - BUMED Activity |

TYPE OF DEGREE: MD _____ DO _____ **DEGREE DATE:** (YY/MM) _____/_____

If completed or currently an intern, Program Director's name _____

If completed or currently a resident, Program Director's name _____

If completed or currently a fellow, Program Director's name _____

<p align="center">NAVY SUPPLEMENT TO DOD APPLICATION FOR GRADUATE MEDICAL EDUCATION (RESIDENCY/FELLOWSHIP) 2005 GRADUATE MEDICAL EDUCATION SELECTION BOARD FOR ACADEMIC YEAR 2006</p>
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OPTIONAL PERSONAL STATEMENT: (Mandatory for Nonclinical applicants)

This section may be used to amplify information provided on pages 1 and 2 of the application or to address any personal and/or professional issues which the applicant believes may be of value to the 2005 GMESB.

Privacy Act Statement. The authority to request the information in this supplement is contained in 5 U.S.C. 301 and 10 U.S.C 5031. The principal purpose for which this information is used is to assist officials and employees of the Department of the Navy in determining your eligibility and evaluating your request for GME. Other routine uses of this information are to determine course and training demands, requirements, and achievements; analyze student groups or courses, provide academic and performance reports, and for other training, administration, and planning purposes. Disclosure of this information is voluntary; however, failure to disclose requested information may result in nonselection for training.

Applicant Acknowledgment:

I have read and understand the instructions for the completion of this application. I certify the information submitted on these application materials is complete and correct to the best of my knowledge. I am aware it is my responsibility to arrange to submit any supplementary material (i.e., transcripts, letters of evaluation, etc.) required.

I am aware of the requirement to contact the program director/specialty leader of the specialty to which I am applying prior to the GME Selection Board either by personal/telephone interview, e-mail, or written letter.

I understand if selected for training, my service obligation will be computed following DOD Instruction 6000.13. I understand and agree that following training, any tender of resignation or request for release from active duty on my part will be disapproved until the total period of obligated active service is completed, except for the convenience of the Government or in the case of individual determined humanitarian circumstances.

Signature of Applicant: _____ Date: _____

DEMOGRAPHIC INFORMATION REQUEST

Please circle the applicable responses:

U.S. CITIZEN: Y/N

DATE OF BIRTH: _____ AGE: _____
MM/DD/YY

SEX: M/F

RACE/ETHNIC GROUP

- 1 = African-American (not of Hispanic origin)
- 2 = American Indian or Alaskan Native
- 3 = Asian American or Pacific Islander
- 4 = Hispanic
- 5 = Caucasian (not of Hispanic origin)
- 6 = Other

PRIVACY ACT STATEMENT

This information is requested under authority contained in 5 U.S.C. 301 and related departmental regulations. The principal purpose for obtaining this information is to permit a demographic characterization of all applicants applying for Naval Medical Department education and training. The information will be used to provide a base from which to assess affirmative action initiatives and equal opportunity programs within the Naval Medical Department. Disclosure of this information is voluntary. Failure to disclose the requested information will not result in adverse consequences.

Printed Name

Date

Signature

BUMEDNOTE 1524
27 Jun 2005

WORK HISTORY/MILITARY ASSIGNMENT HISTORY (Chronological order starting with current assignment)

Duty Title:
Duty Location:
Dates of Assignment:

LICENSURE AND SPECIALTY CERTIFICATION

Current Unrestricted State License (License Number/State/Expiration Date):
Board Certification (Specialty/Certification Date):
If Board Certification Is Pending, Indicate Status:

HONORS AND RECOGNITION:

Undergraduate:
Medical:
Military:

ACADEMIC APPOINTMENTS:

PROFESSIONAL SOCIETIES:

PUBLICATIONS/RESEARCH (Must indicate in what capacity completed, i.e., medical student, intern/resident, house staff officer, or field staff officer.)

SUMMARY OF ACTIVE DUTY OBLIGATION (ADO) FOR GME
(Based on Reference (d))

1. **In a Military Facility (FTIS/OFI).** A member shall incur an ADO of ½ year for each ½ year, or portion thereof, but the minimum ADO at the completion of the GME period shall not be less than 2 years. The ADO for GME may be served concurrently with obligations incurred for DOD Sponsored pre-professional (undergraduate) or medical school education.

No active duty obligation for GME can be served concurrent with an ADO for a second period of GME, i.e., obligation for fellowship cannot be served concurrent with an obligation incurred for residency training.

2. **In a Civilian Facility on Active Duty (FTOS).** A member subsidized by the DOD during training in a civilian facility shall incur an ADO of ½ year for each ½ year, or portion thereof, but the minimum ADO at the completion of the GME period shall not be less than 2 years. ADOs for FTOS training are added to obligation existing at the time training begins.

3. **In a Civilian Facility In a Deferred Status (NADDS).** A member deferred for specialty training incurs no additional obligation as long as a 2-year obligation exists at the time the training begins. Members with less than 2 years of active duty obligation will incur a minimum 2-year ADO.